

Madora Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Birth-place		Calvert Co. Md.	
Occupation	Where Residing if not at place of death			Baltimore, Md.		
Married, Single or Widowed	Name of Wife or Husband		Daniel Carter		Calvert Co. Md.	
Father's Name	Benjamin Forbes			Mother's Birthplace		Calvert Co. Md.
Mother's Maiden Name	Harriet Simms			Mother's Birthplace		Calvert Co. Md.
Name of person giving Information	Harriet Forbes			How related to deceased		Mother

CAUSES OF DEATH

Primary

Chronic Bronchitis

How long

3 Weeks

Immediate

Pneumonia

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Yes

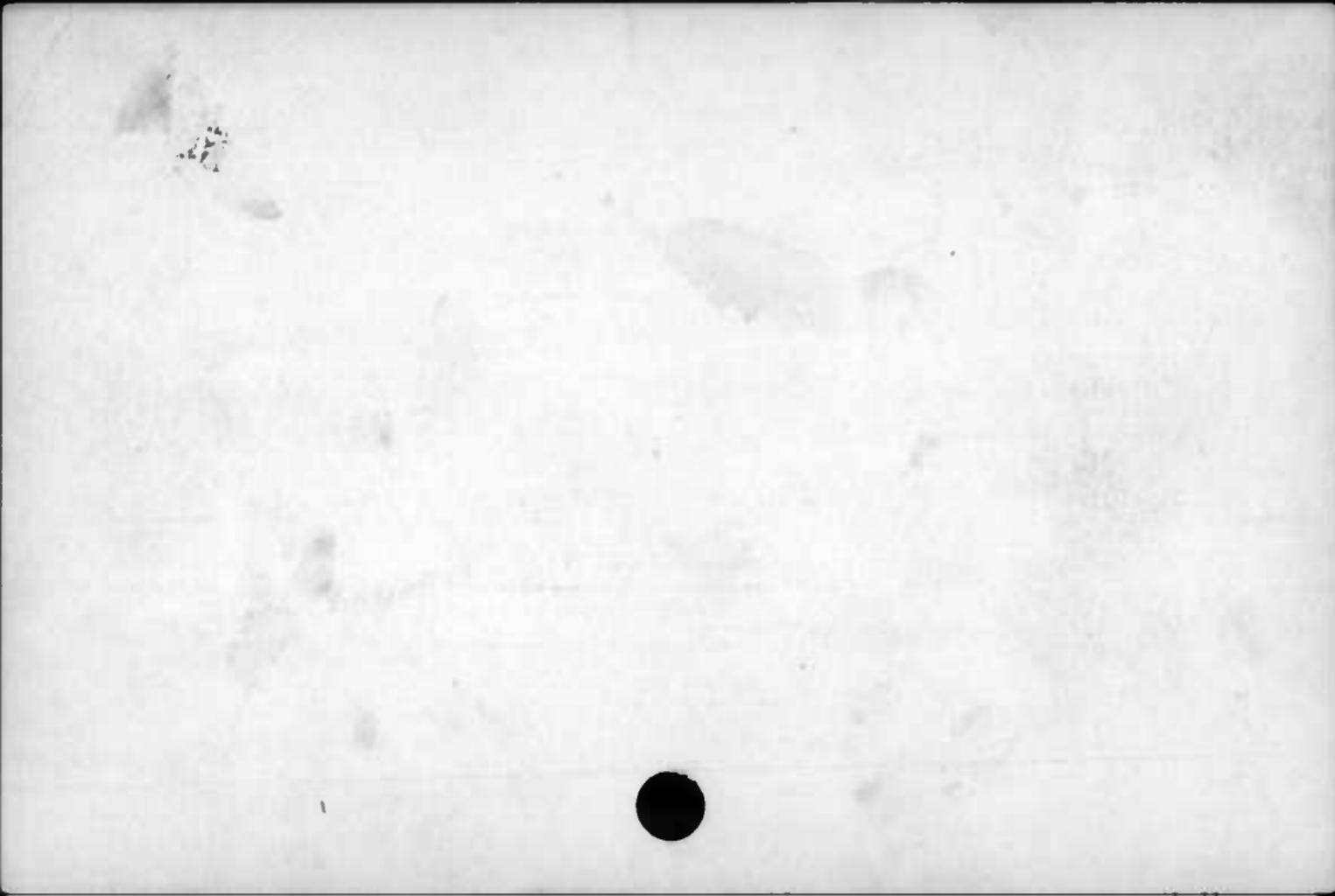
Signature of Physician

Address

Dr. M. Chaney, M.D.

Chaney, M.D.

Accident or Suicide?



Mt Harmony Dairy Coals

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	February			—	—	
Sex	Female	Color or Race	Colored	Birth-place	Mt Harmony	
Occupation	None	Where Residing if not at place of death			10 11	
Married, Single or Widowed	Single	Name of Wife or Husband	none	Father's Birthplace	Calvert Co	
Father's Name	Samuel Coals			Mother's Birthplace	10 01	
Mother's Maiden Name	Alice Coals Reed			How related to deceased		
Name of person giving information	Father					

CAUSES OF DEATH

Primary	Consumption	How long	7 months
Immediate		How long	..



Are the name, age, sex, color, date and place correctly given above?

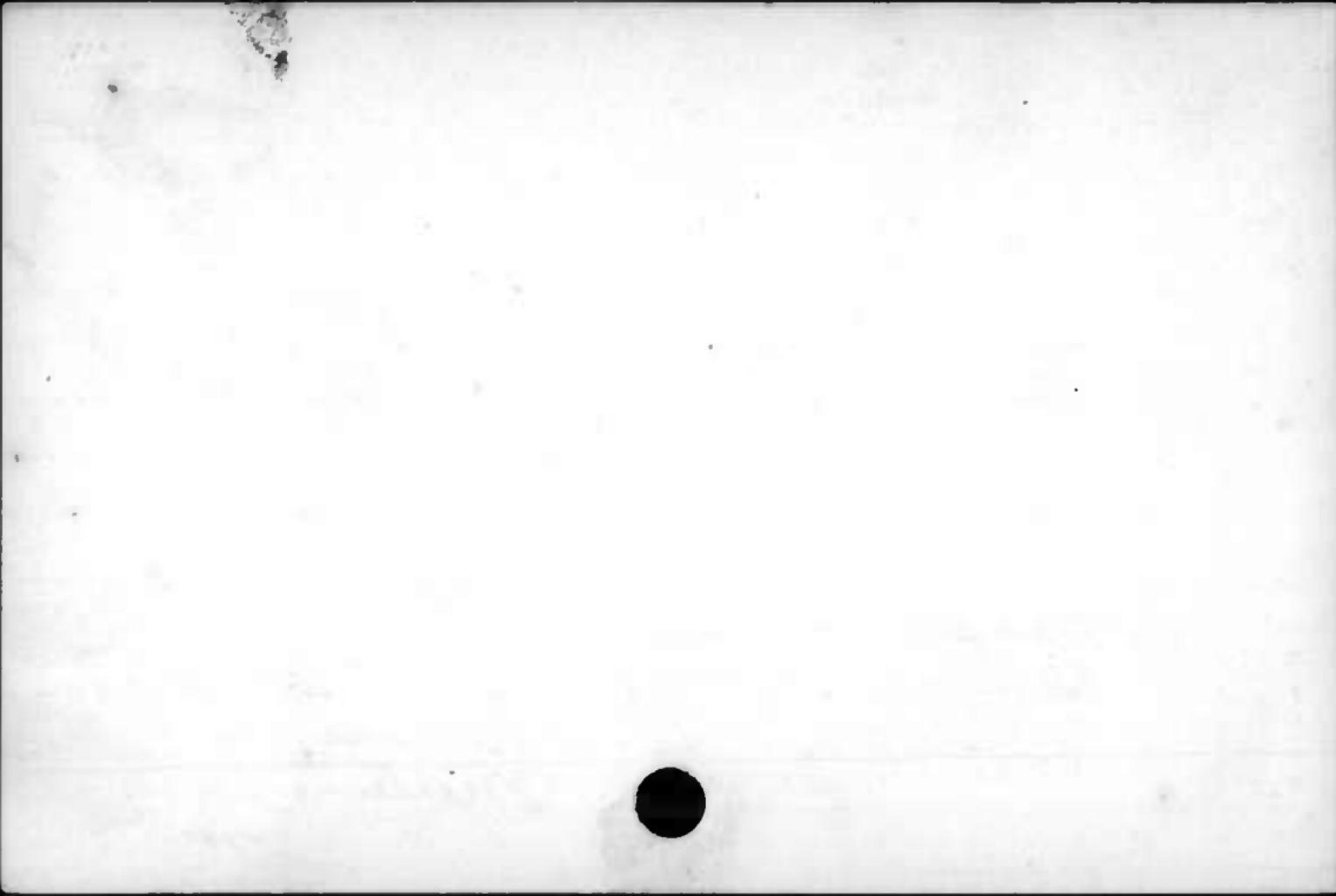
yes

Signature of Physician

Address

J. L. Braslaw
Opus M Ward

Accident or Suicide?



Mrs. Sallie Dore

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR
CORONER

Died at <u>Brown Island</u>		County <u>Calvert</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>6</u>	Age <u>66</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Calvert Co</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Peter Dore</u>	Father's Birthplace <u>Calvert Co</u>			
Father's Name <u>Joshua Stinnett</u>					Mother's Birthplace <u>Calvert Co</u>
Mother's Maiden Name <u>Nancy Young</u>					How related to deceased <u>Son</u>
Name of person giving information <u>Joshua Dore</u>					

CAUSES OF DEATH

Primary

Gastr -

(D)

How long

10 days

Immediate

General Debility

How long

30 days

Are the name, age, sex, color, date and place correctly given above?

Yes

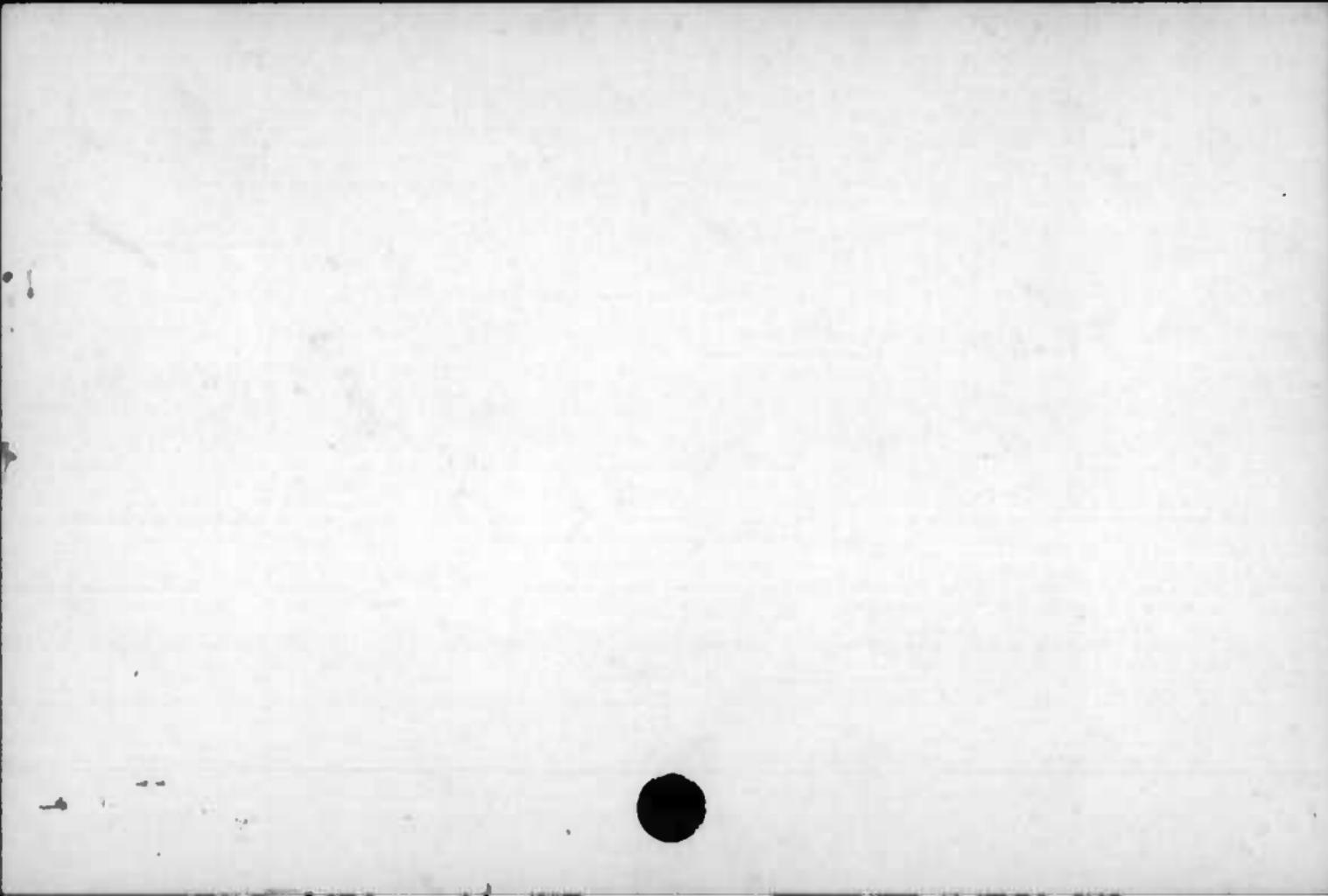
Signature of Physician

P. Brown

Address

111 Main Street
Calvert

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Art Harmony</i>		Town	County <i>Calvert</i>		MARYLAND		
Date of death 190	Month	Day	Years	Age	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Occupation		Birth-place <i>Bunkirk</i>		
Married, Single or Widowed			Occupation		Father's Birthplace		
Name of Wife or Husband			Occupation		Mother's Birthplace		
Father's Name			Occupation		How related to deceased		
Mother's Maiden Name			Occupation		How related to deceased		
Name of person giving Information			Occupation		How related to deceased		

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Two weeks

Immediate

Heart Failure

How long

13 hours

Are the name, age, sex, color, date and place correctly given above?

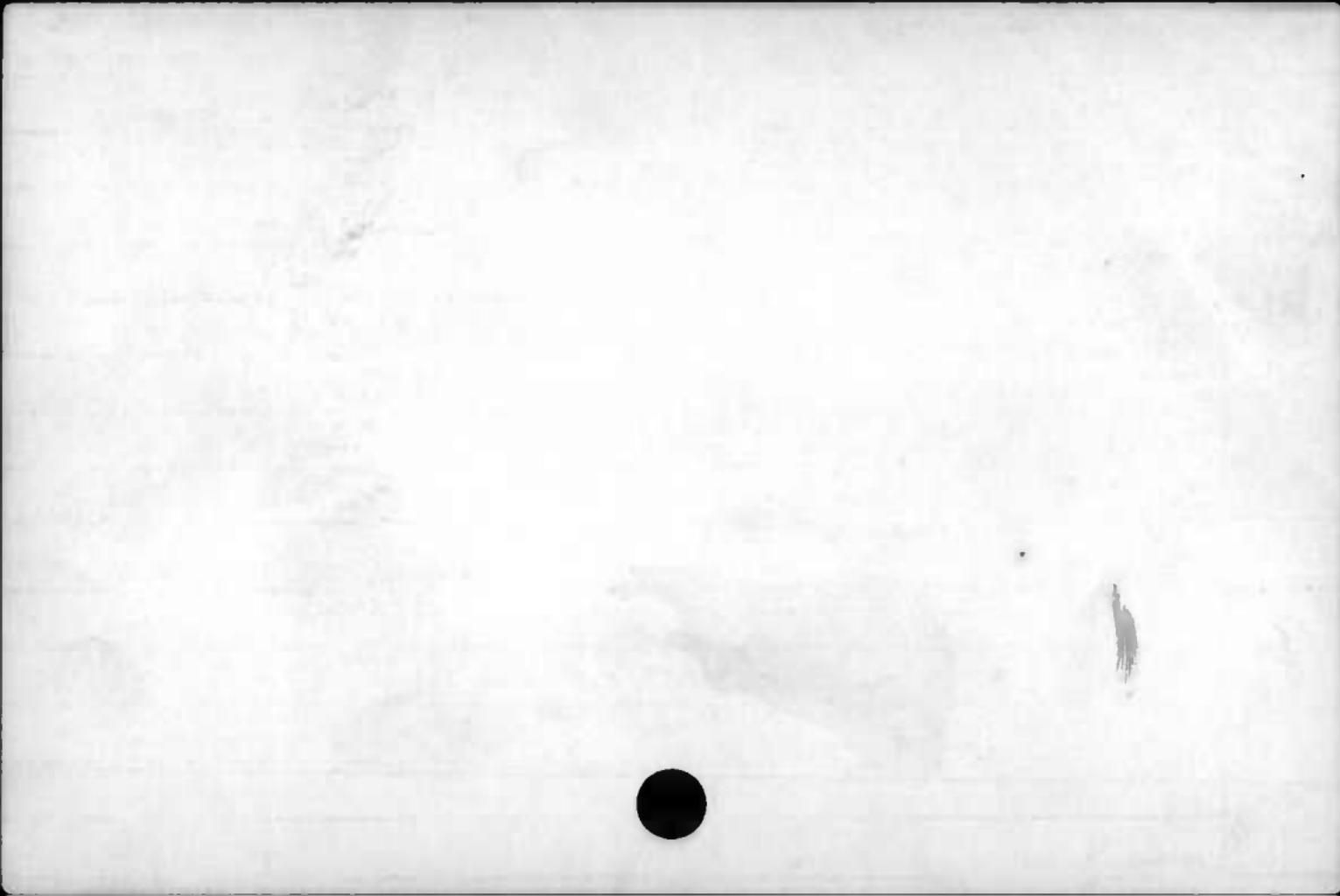
Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

I



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Josephine Holland

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1907	Month Feb	Day 9	Years	Months	Days
Age	27					
Sex	Female	Color or Race	African	Birth-place	Calvert Co	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Richard Holland			
Father's Name	Joseph Reed		Father's Birthplace	Cal. Co.		
Mother's Maiden Name	Barbara Quill		Mother's Birthplace	Cal. Co.		
Name of person giving information	Harry Bonies		How related to deceased	None		

CAUSES OF DEATH

Primary Valv. Disease of Heart How long Probably 2 years -

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

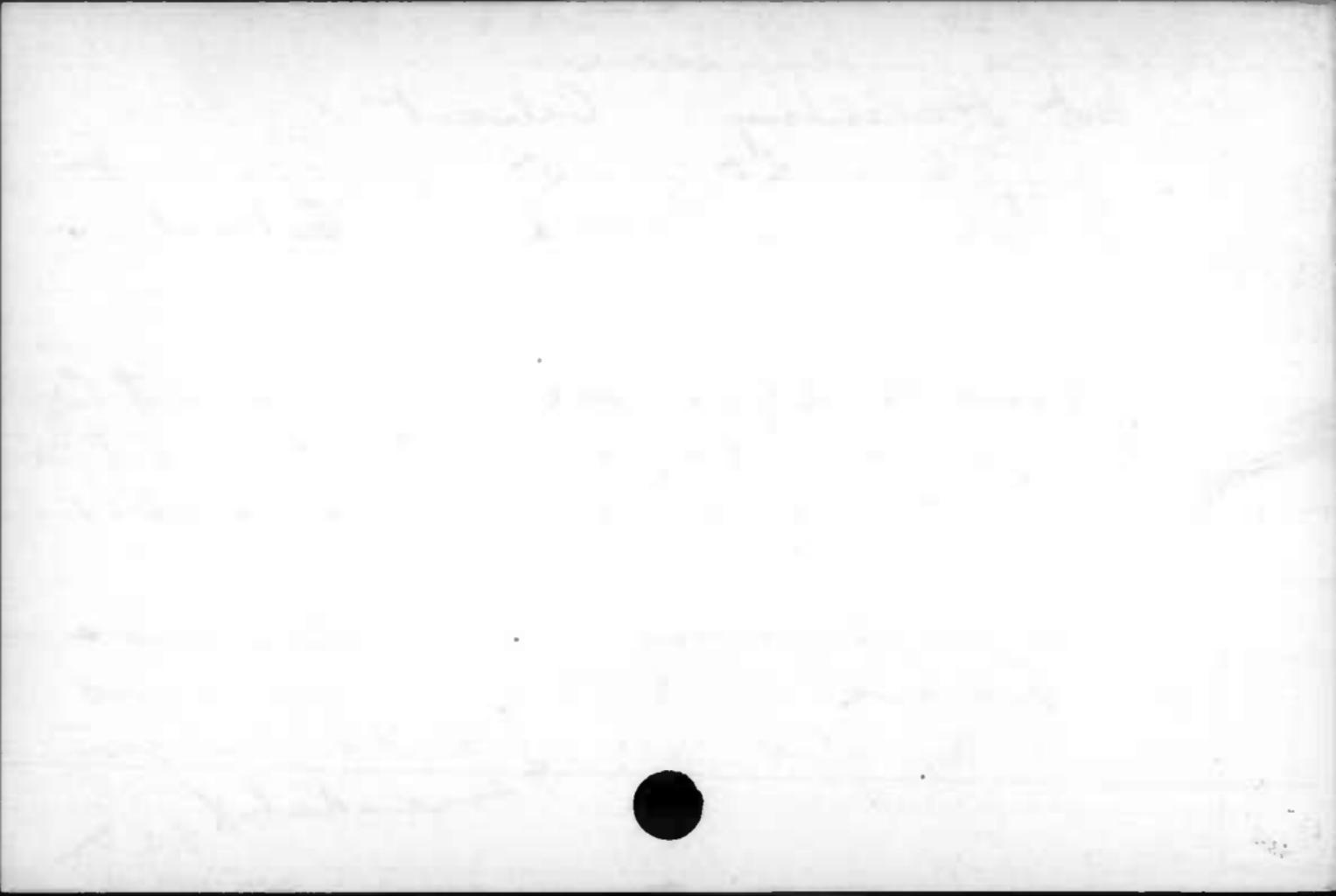
Signature of Physician

E.H. Newman
Lower Marlboro

Address

Accident or Suicide?

no.



Name
in
Full

Mervin Jefferson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Harmony</u>		County <u>Calvert</u>		MARYLAND		
Date of death 1907	Month <u>2</u>	Day <u>25</u>	Age <u>51</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race	<u>Colored</u>		Birth- place	<u>Calvert Co</u>	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	<u>Russell Jefferson</u>					
Mother's Maiden Name	<u>Rosa Jones</u>					
Name of person giving Information	<u>Daniel Jones</u>					

CAUSES OF DEATH

Primary

Convulsions

(10)

How long

12 hours

Immediate

Coma

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

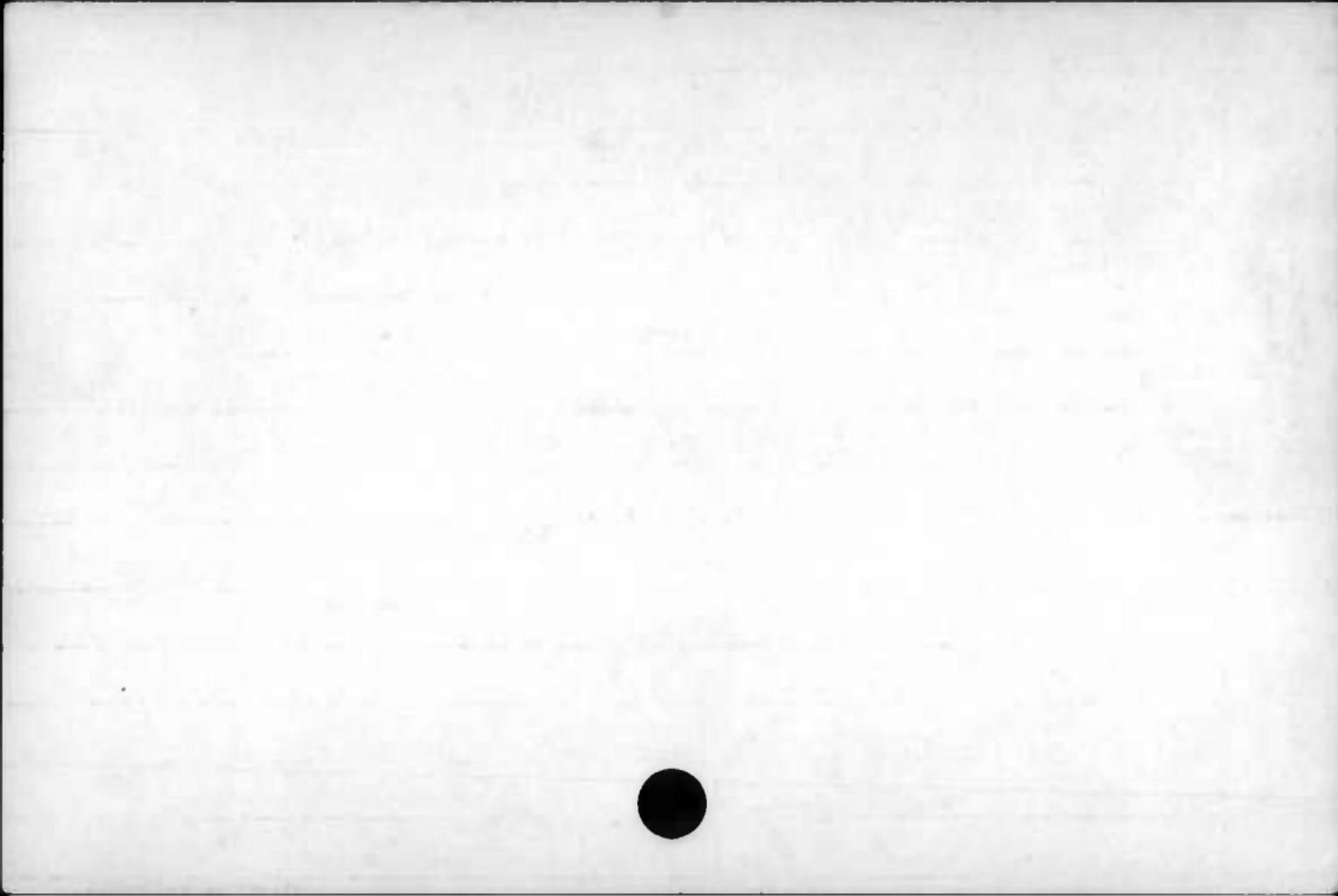
Signature of
Physician

Address

J. L. Brayshaw
Friendship M & S

Accident or Suicide?

1
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1907 July 28

Age —

2 days

Sex

Male

Color or
Race

Colored

Birth-
place

Adelphia

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Isaac Jones

Father's
Birthplace

Laurel Co

Mother's
Maiden Name

Stattie Johnson

Mother's
Birthplace

Name of person giving
Information

Nat'l. Johnson

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Premature Birth

151

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

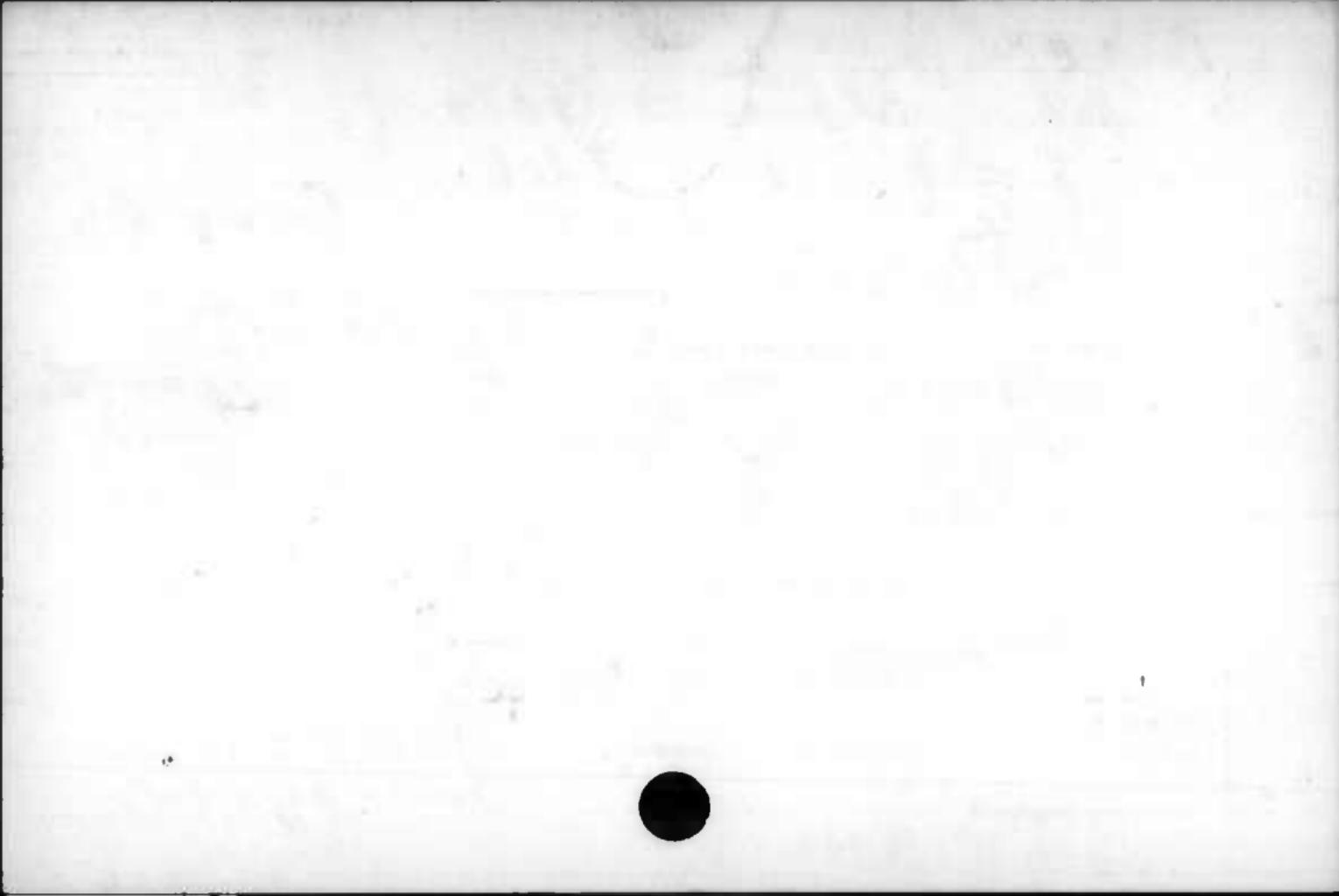
St. L. Luebby
Adelphia

S. L. Luebby
Sub Reg

Bowens Md

Accident or Suicide?

1



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Albert S. King						CERTIFICATE OF DEATH		
Died at	Town	County						
Died at	Jefferson	Calvert						
Date of death	1907	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	40				
Occupation	Agriculturist							
Married, Single or Widowed	Where Residing if not at place of death							
Name of Wife or Husband	Mary Gantz							
Father's Name	James King							
Mother's Maiden Name	Agnes Dorothy							
Name of person giving information	John King							
Father's Birthplace	Clemmets							
Mother's Birthplace	Calvert, Md							
How related to deceased	Bro							

CAUSES OF DEATH

Primary

Accidental Drowning

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

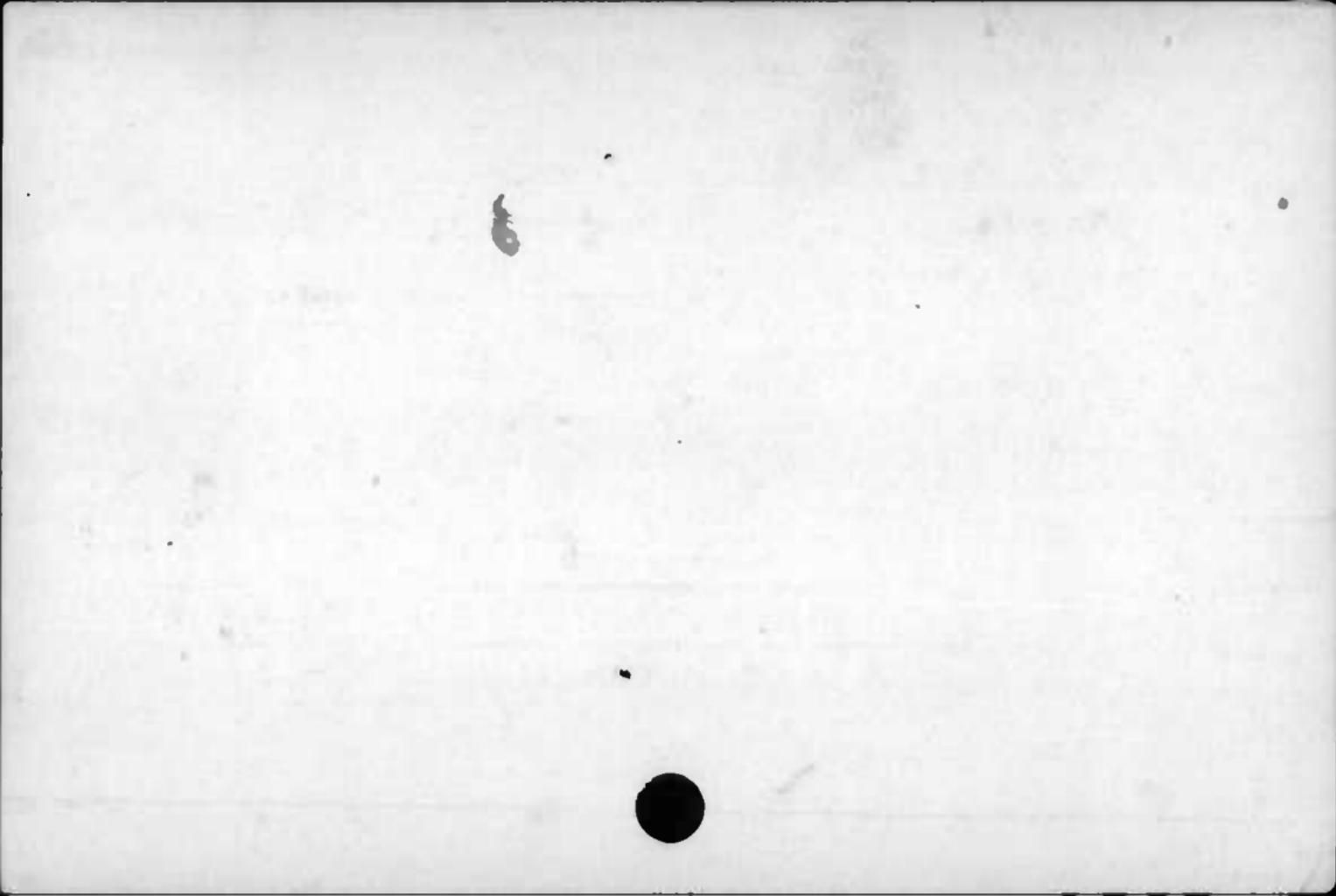
Address



B. Bricker
Sub Registrar

Accident or Suicide

Drowning



Name
in
Full

Elizabeth E. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Huntingtown</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>9</u>	Age <u>84</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Not obtainable</u>			
Occupation <u>widow</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Richard Wood</u>		Father's Birthplace		
Father's Name	<u>Pat O'Leary</u>		Mother's Birthplace		
Mother's Maiden Name	<u>Blainake</u>		How related to deceased		
Name of person giving Information	<u>J. R. Tate</u>		<u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Intra Cranial Hemorrhage

17 hrs

Are the name, age, sex, color, date and place correctly given above?

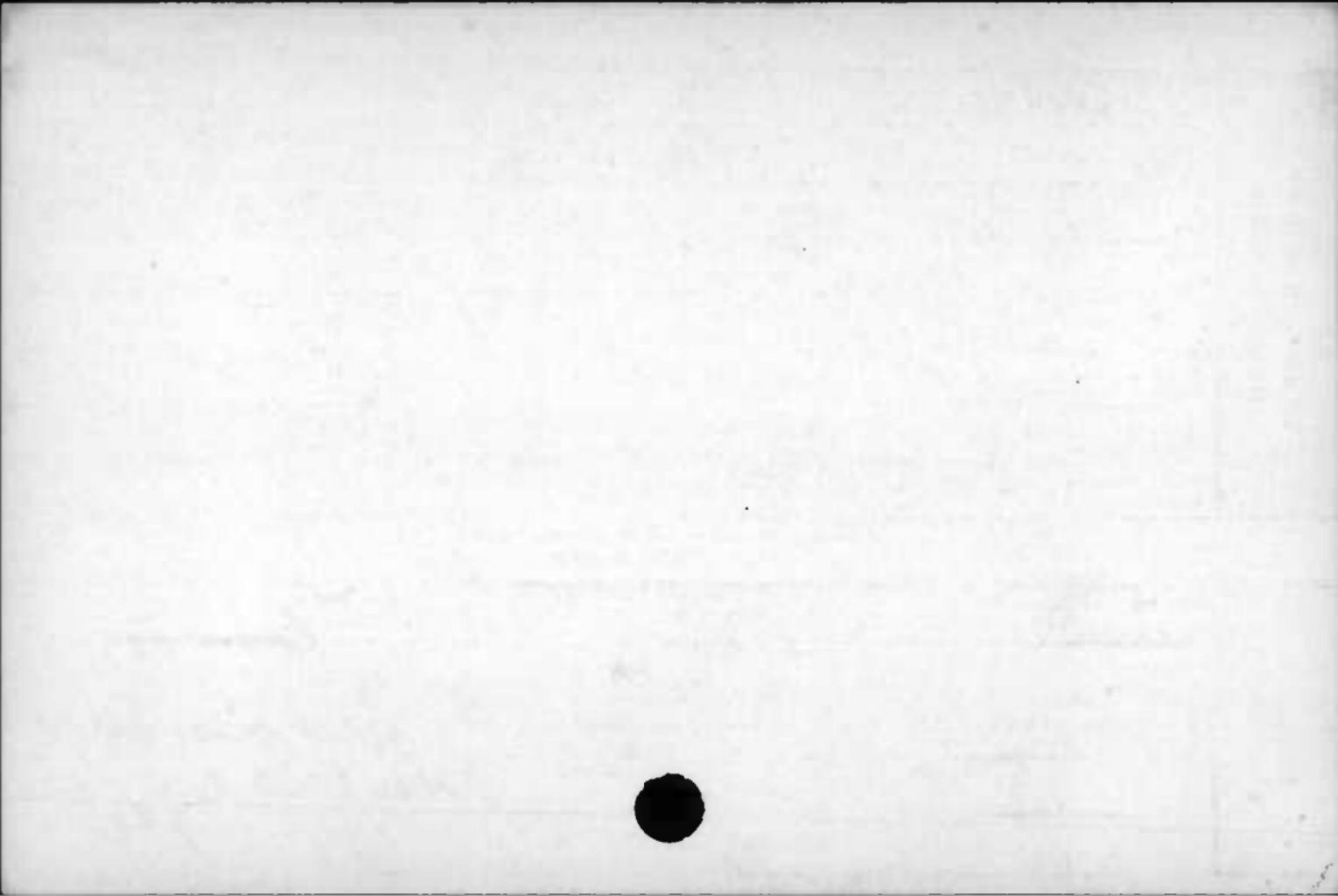
Yes

Signature of Physician

Address

J. W. Leitch
Huntingtown
Md.

Accident or Suicide?



Name
in
Full

Thos Rawlings -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. James -</u>		Town	County <u>Calvert.</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Feb.</u>	Day <u>20</u>	Age <u>68</u>	Years	Months	Days
Sex <u>Male -</u>	Color or Race <u>Colored -</u>	Birth-place <u>Calvert</u>				
Occupation		Where Residing if not at place of death				
<u>Married, Single or Widowed</u>	Name or Wife or Husband					
Father's Name <u>Dr Rawlings -</u>	Father's Birthplace <u>Calvert.</u>					
Mother's Maiden Name <u>Eloise Johnson</u>	Mother's Birthplace <u>Calvert.</u>					
Name of person giving information <u>John B. Davis</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Sickness (19)

How long

6 months

Immediate

How long

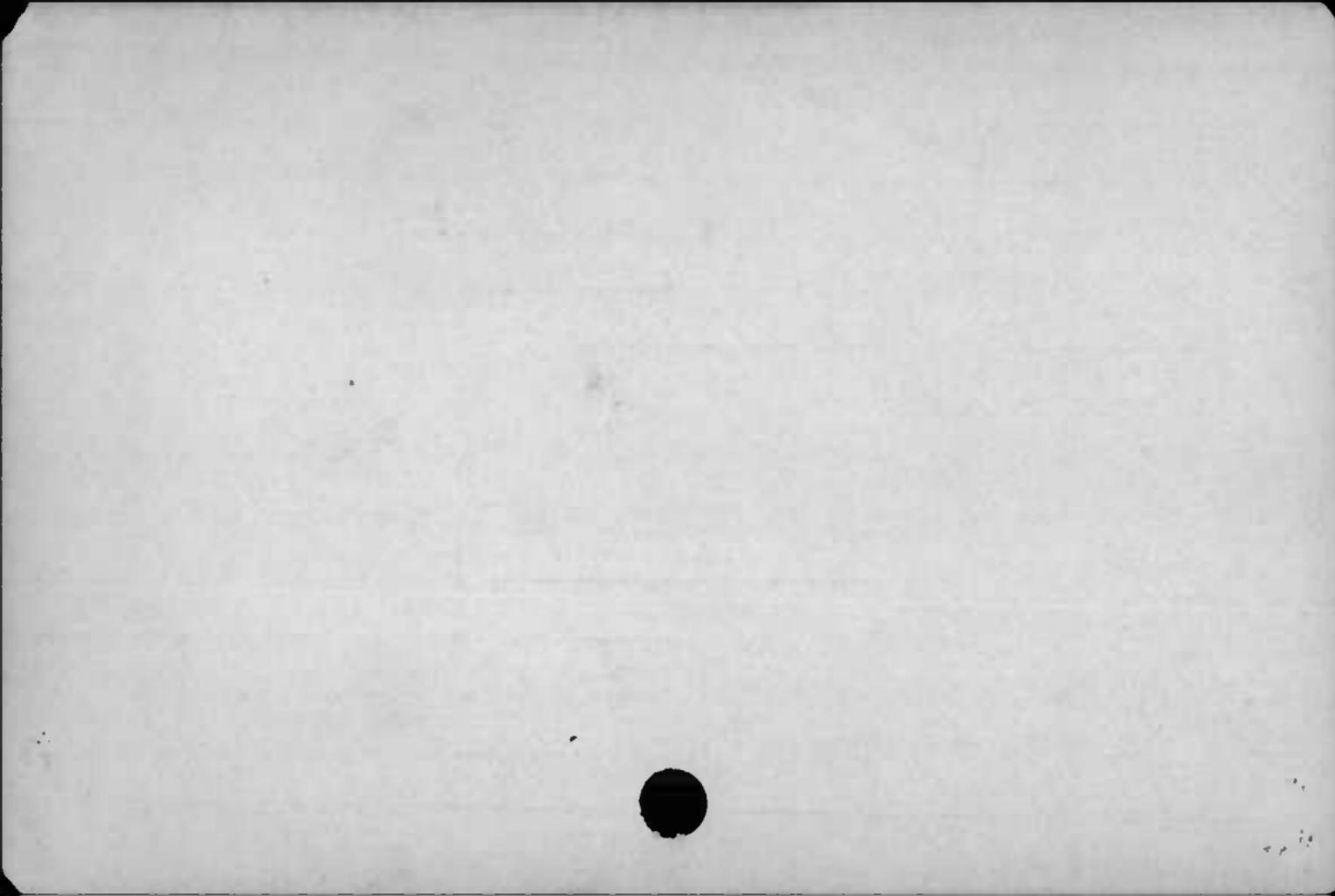
Broken Sulf
Drumstick

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

1
Accident or Suicide?



Name
in
Full

Rollins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND			
Date of death 1907	Month July	Day 1	Age	Years	Months	Days	14	
Sex male	Color or Race		Second		Birth-place	Dunkirk Md		
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name								
Mother's Maiden Name	Ella Rollins							
Name of person giving information	Wm Rollins							

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary

Fracture

How long

Six weeks

(15)

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Mr. H. C. Chang
Chang, Md.

Accident or Suicide?

Name
in
Full

William C. of H. Hensore.

CERTIFICATE OF DEATH

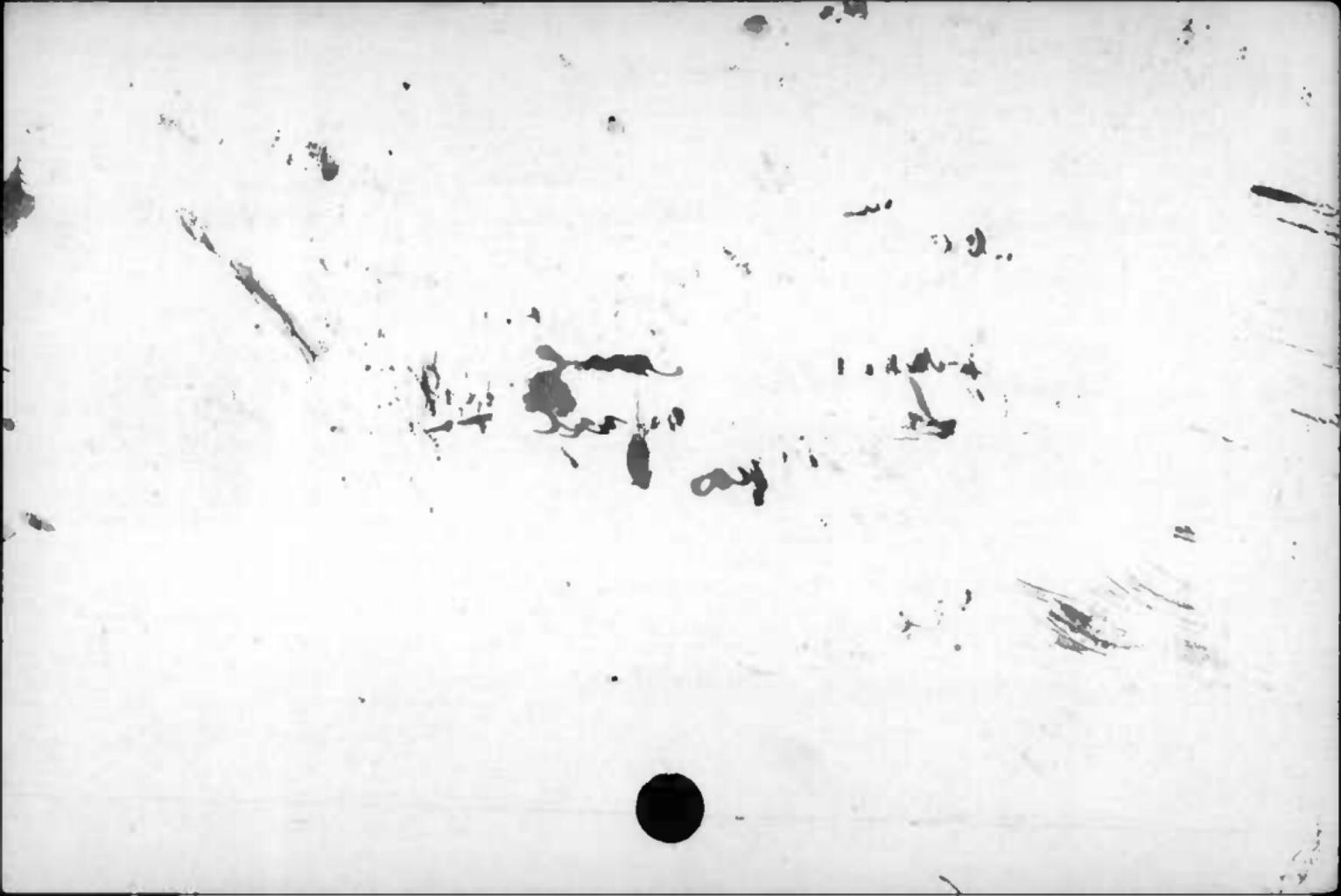
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Browns Island Calvert	County	MARYLAND		
Date of death 1907	Month Jan	Day 3	Years	Months	Days
Sex Male	Color or Race white	Birth-place Browns Isd.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Harry Thomas	Father's Birthplace Calvert				
Mother's Maiden Name Laura Elliott	Mother's Birthplace " "				
Name of person giving Information Wm. F. Elliott	How related to deceased Uncle				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Shot back	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician P. Buscar Saff. Address murkwood
Accident or Suicide?	



Name
in
Full

Marion Wills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Winterville</u>		Town <u>Calvert</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>9</u>	Years <u>7</u>	Months <u>7</u>	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Calvert</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace <u>Cal. Co</u>		
Father's Name <u>Gairy Wills</u>			Mother's Birthplace <u>Cal. Co</u>		
Mother's Maiden Name <u>Lilly Moreland</u>			How related to deceased <u>Father</u>		
Name of person giving information <u>Gairy Wills</u>					

CAUSES OF DEATH

Primary	<u>Chronic Bronchitis</u>		How long <u>9 mos</u>
Immediate	<u>General debility</u>		How long <u>7 "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. Shown Lehman</u>	Address <u>Lehman MD</u>
Accident or Suicide?			

PHYSICIAN
OR CORONER

1

